

SERFF Tracking Number:	NELI-126894642	State:	Arkansas
Filing Company:	Philadelphia American Life Insurance Company	State Tracking Number:	47246
Company Tracking Number:	OCCIDENTAL C		
TOI:	H07I Individual Health - Specified Disease - Limited Benefit	Sub-TOI:	H07I.002A Dread Disease - Cancer Only
Product Name:	Individual Cancer Expense		
Project Name/Number:	/		

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Filing Company:	Philadelphia American Life Insurance Company	State Tracking Number:	47246
Company Tracking Number:	OCCIDENTAL C		
TOI:	H071 Individual Health - Specified Disease - Limited Benefit	Sub-TOI:	H071.002A Dread Disease - Cancer Only
Product Name:	Individual Cancer Expense		
Project Name/Number:	/		

Disposition

Disposition Date: 11/16/2010

Implementation Date:

Status: Approved-Closed

Comment:

We have approved a 10% level rate increase on your submission. The approval is subject to the following conditions:

1. Rate increases will not be given prior to the first annual anniversary date of any policy.
2. After the first annual anniversary date of any policy, increases will not be given more frequently than once in a twelve (12) month period.
3. All increases in rates, other than a change in age or an individual moving to another geographical area, must be submitted to our Department for approval.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Philadelphia American Life Insurance Company	10.000%	10.000%	\$	7	\$	%	%

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TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only
Limited Benefit

Product Name: Individual Cancer Expense

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Filing Letter	Approved-Closed	Yes
Rate	Rate Sheets	Approved-Closed	Yes
Rate	Rate Sheets	Approved-Closed	Yes



P.O. Box 4884, HOUSTON, TX 77210-4884

11/2/2010

Accident & Health Division
Rate Filing Intake
AR Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

Premium Rate Increase Filing

Re: Premium Rate Increase for
Individual Cancer Expense Policy Form
Form Number.....HC11-1 Ed. 3-88, HC10-1 Ed. 3-88

Originally Underwritten By:

Occidental Life Insurance Company of North Carolina

Acquired On 1/1/04 By :

Philadelphia American Life Insurance Company

(FEIN 74-1952955, NAIC 67784)

Dear Sir or Madam:

Pursuant to applicable state insurance regulations and statutes, we hereby ask for your consideration and approval of:

An inflationary increase of 10%; effective on the next premium due date on or after 3/1/11 for the captioned forms and all related riders.

These policies were assumed by Philadelphia American Life Insurance Company from Occidental Life Insurance Company of North Carolina on 1/1/04. The actual assumption date may have been later than 1/1/04 if the assumption was approved by the state's insurance regulatory authority on a later date.

The affected policyholder will receive a premium rate increase notice the minimum required days before the rate increase effective date.

Enclosed are the required transmittal covers, actuarial memorandum, and rate sheets for your review.

Thank you for your consideration of the above and we look forward to your response. Please let us know if you have any questions or need additional information.

Sincerely,

Jerry Mao
Actuarial Analyst
Philadelphia American Life Insurance Company

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